



**County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

425 Shatto Place, Los Angeles, California 90020  
(213) 351-5602

PHILIP L. BROWNING  
Director

BRANDON NICHOLS  
Chief Deputy Director

**Board of Supervisors**

HILDA L. SOLIS  
First District

MARK RIDLEY-THOMAS  
Second District

SHEILA KUEHL  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

May 4, 2016

To: Supervisor Hilda L. Solis, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

From: Philip L. Browning  
Director

**THE VILLAGE FAMILY SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW**

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of The Village Family Services Foster Family Agency (the FFA) in May 2015. The FFA has one licensed office located in the First Supervisorial District and one in the Third Supervisorial District. Both offices provide services to the County of Los Angeles DCFS placed children and Non-Minor Dependents (NMDs). According to the FFA's Program Statement, its stated purpose is "to protect children from abuse, preserve families, and build a stronger and safer community for all."

At the time of the review, the FFA supervised 288 DCFS placed children in 123 Certified Foster Homes (CFHs). The placed children's average length of placement was 2 months and their average age was 10.

**SUMMARY**

During CAD's Contract Compliance Review, the interviewed children generally reported feeling safe at the FFA's CFHs, being provided with appropriate care and services, being comfortable in their placement environment and being treated with respect and dignity. The Certified Foster Parents (CFPs) reported being supported by the FFA staff in their efforts to provide care, supervision and service delivery to the children placed in their homes.

The FFA was in full compliance with 3 of 11 areas of our Contract Compliance Review: Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; and Discharged Children.

CAD noted deficiencies in the following areas: Licensure and Contract Requirements, related to Special Incident Reports (SIRs) not being timely submitted or appropriately cross-reported and Community Care Licensing (CCL) citations; Certified Foster Homes, related to the FFA not maintaining records of annual training hours for re-certification, one CFP not utilizing a booster car seat when transporting a seven-year-old child, the FFA not maintaining health screening documentation for a frequent visitor and the

FFA not assisting CFPs in providing transportation needs; Facility and Environment, related to one CFH not maintaining common areas, one CFP not maintaining the children's bedrooms or providing sufficient and appropriate educational resources in the CFH, and three CFHs not maintaining monetary and clothing allowance logs; Maintenance of Required Documentation and Service Delivery, related to the FFA not obtaining the DCFS Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs), children not progressing toward meeting NSP goals, the FFA Social Worker not developing timely, comprehensive Initial NSPs, the FFA social worker not developing timely, comprehensive quarterly reports and the FFA Social Worker not conducting required visits with the placed children; Education and Workforce Readiness, related to the FFA not maintaining current report cards in one child's file; Health and Medical Needs, related to one follow-up medical examination was late, one initial dental examination was late and two required follow-up orthodontic examinations were not conducted; Personal Needs/Survival and Economic Well-Being, related to two children receiving less weekly monetary allowance than was documented on the log; and Personnel Records, related to three employees not completing the required training on time.

Attached are the details of CAD's review.

### **REVIEW OF REPORT**

On June 24, 2015, Viktoria Penchuk, DCFS CAD and Adelina Arutyunyan, Out-of-Home Care Management Division held an exit conference with the FFA's representatives: Hugo Villa, Chief Executive Officer; Irma Seilicovich, Chief Operating Officer; Diana Redeemer, Director/FFA/Intensive Treatment Foster Care (ITFC) Program; Elizabeth Rosas, Assistant Director; Adik Parselchian, Quality Assurance Director; and Krista Brown, Administrator. The FFA representatives agreed with the review findings and recommendations, were receptive to implementing systemic changes to improve the FFA's compliance with regulatory standards and were in agreement with addressing the noted deficiencies in a Corrective Action Plan (CAP).

The FFA submitted the attached approved CAP. CAD conducted follow-up visits to the FFA on September 23 and 24, 2015, to verify implementation of the CAP.

A copy of this report has been sent to the Auditor-Controller and CCL.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:KR:LTI:vp

### **Attachments**

c: Sachi A. Hamai, Chief Executive Officer  
John Naimo, Auditor-Controller  
Public Information Office  
Audit Committee  
Hugo Villa, Chief Executive Officer, The Village Family Services  
Lenora Scott, Regional Manager, Community Care Licensing Division  
Lajuannah Hills, Regional Manager, Community Care Licensing Division

**THE VILLAGE FAMILY SERVICES FOSTER FAMILY AGENCY  
CONTRACT COMPLIANCE REVIEW SUMMARY**

License Number: 197805607

License Number: 197806197

	<b>Contract Compliance Review</b>	<b>Findings: May 2015</b>
I	<p><b><u>Licensure/Contract Requirements</u></b> (7 Elements)</p> <ol style="list-style-type: none"> <li>1. Timely Notification for Child's Relocation</li> <li>2. Timely, Cross-Reported SIRs</li> <li>3. Runaway Procedures in Accordance with the Contract</li> <li>4. Are There CCL Citations/OHCMD Safety Reports</li> <li>5. If Applicable, FFA Ensures Complete Required Whole Foster Family Home (WFFH) Training</li> <li>6. FFA Pays Certified Foster Parents (CFP) Whole Foster Family Home Payments</li> <li>7. FFA Conducts an Assessment of CFP Prior to Placement of Two (2) or More Children</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Full Compliance</li> <li>4. Improvement Needed</li> <li>5. Not Applicable</li> <li>6. Not Applicable</li> <li>7. Full Compliance</li> </ol>
II	<p><b><u>Certified Foster Homes</u></b> (12 Elements)</p> <ol style="list-style-type: none"> <li>1. Home Study and Safety Inspection Conducted Prior to Certification</li> <li>2. Agency's Inquiry with OHCMD for Historical Information Prior to Certification</li> <li>3. Timely Criminal Clearances Federal Bureau of Investigation, California Department of Justice, Child Abuse Central Index (FBI, DOJ, CACI) Prior to Certification</li> <li>4. Timely, Completed, Signed Criminal Background Statement</li> <li>5. Health Screening &amp; TB Test Prior to Certification</li> <li>6. All Required Training Prior to Certification</li> <li>7. Certificate of Approval on File/Including Capacity</li> <li>8. Safety Inspection Completed At Least Every Six Months or Per-Approved Program Statement</li> <li>9. Completed Annual Training Hours for Re-certification and Current CPR/First-Aid/Water Safety Certificates, if applicable car seat(s)</li> <li>10. Current CDL/Auto Insurance/Annual Vehicle Maintenance Documentation for CFPs and Designated Drivers</li> <li>11. Criminal Clearances and Health Screening/Driver's Licenses, Cardio Pulmonary Resuscitation</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Full Compliance</li> <li>9. Improvement Needed</li> <li>10. Improvement Needed</li> </ol>

THE VILLAGE FAMILY SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE  
REVIEW  
PAGE 2

	<p>FBI/DOJ/CACI/Auto Insurance for Other Adults in the Home</p> <p>12. FFA Assists CFPs in Providing Transportation Needs</p>	<p>11. Improvement Needed</p> <p>12. Improvement Needed</p>
III	<p><b><u>Facility and Environment</u></b> (7 Elements)</p> <ol style="list-style-type: none"> <li>1. Exterior/Grounds Well Maintained</li> <li>2. Common Areas Well Maintained</li> <li>3. Children's Bedrooms/Interior Well Maintained</li> <li>4. Sufficient and Appropriate Educational Resources</li> <li>5. Adequate Perishable and Non-Perishable Food</li> <li>6. CFP Conducted Disaster Drills and Documentation Maintained</li> <li>7. Monetary and Clothing Allowance Logs Maintained</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Improvement Needed</li> <li>4. Improvement Needed</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Improvement Needed</li> </ol>
IV	<p><b><u>Maintenance of Required Documentation and Service Delivery</u></b> (10 Elements)</p> <ol style="list-style-type: none"> <li>1. FFA Obtains or Documents Efforts to Obtain DCFS Children's Social Worker's (CSW's) Authorization to Implement NSPs</li> <li>2. CFPs Participated in the Development of the NSPs</li> <li>3. Children Progressing Towards Meeting NSP Goals</li> <li>4. FFA Social Workers Develop Timely, Comprehensive Initial NSP with Child's Participation</li> <li>5. FFA Social Workers Develop Timely, Comprehensive Updated NSP with Child's Participation</li> <li>6. Therapeutic Services Received</li> <li>7. Recommended Assessment/Evaluations Implemented</li> <li>8. DCFS Children's Social Workers Monthly Contacts Documented in Child's Case File</li> <li>9. FFA Social Workers Develop Timely, Comprehensive Quarterly Reports</li> <li>10. FFA Social Workers Conduct Required Visits</li> </ol>	<ol style="list-style-type: none"> <li>1. Improvement Needed</li> <li>2. Full Compliance</li> <li>3. Improvement Needed</li> <li>4. Improvement Needed</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Full Compliance</li> <li>9. Improvement Needed</li> <li>10. Improvement Needed</li> </ol>

THE VILLAGE FAMILY SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE  
REVIEW  
PAGE 3

V	<b><u>Educational and Workforce Readiness</u></b> (5 Elements) <ol style="list-style-type: none"> <li>1. Children Enrolled in School Within Three School Days</li> <li>2. Children Attend School as Required and FFA Facilitates in Meeting Children's Educational Goals</li> <li>3. Current Children's Report Cards/Progress Reports Maintained</li> <li>4. Children's Academic Performance and/or Attendance Increased</li> <li>5. FFA Facilitates Child's Participation in YDS or Equivalent Services and Vocational Programs</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> </ol>
VI	<b><u>Health and Medical Needs</u></b> (4 Elements) <ol style="list-style-type: none"> <li>1. Initial Medical Exams Conducted Timely</li> <li>2. Follow-Up Medical Exams Conducted Timely</li> <li>3. Initial Dental Exams Conducted Timely</li> <li>4. Follow-Up Dental Exams Conducted Timely</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Improvement Needed</li> <li>4. Improvement Needed</li> </ol>
VII	<b><u>Psychotropic Medication</u></b> (2 Elements) <ol style="list-style-type: none"> <li>1. Current Court Authorization for Administration of Psychotropic Medication</li> <li>2. Current Psychiatric Evaluation Review</li> </ol>	Full Compliance (All)

THE VILLAGE FAMILY SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE  
REVIEW  
PAGE 4

VIII	<b><u>Personal Rights and Social/Emotional Well-Being</u></b> (10 Elements) <ol style="list-style-type: none"> <li>1. Children Informed of Agency's Policies and Procedures</li> <li>2. Children Feel Safe in the CFP Home</li> <li>3. CFPs' Efforts to Provide Nutritious Meals and Snacks</li> <li>4. CFPs Treat Children with Respect and Dignity</li> <li>5. Children Allowed Private Visits, Calls, and to Receive Correspondence</li> <li>6. Children Free to Attend or Not Attend Religious Services/Activities of Their Choice</li> <li>7. Children's Chores Reasonable</li> <li>8. Children Informed About Their Medication and Right to Refuse Medication</li> <li>9. Children Aware of Right to Refuse or Receive Medical, Dental and Psychiatric Care</li> <li>10. Children Given Opportunities to Participate in Extracurricular Activities, Enrichment and Social Activities</li> </ol>	Full Compliance (All)
IX	<b><u>Personal Needs/Survival and Economic Well-Being</u></b> (7 Elements) <ol style="list-style-type: none"> <li>1. Clothing Allowance Provided in Accordance with FFA Program Statement</li> <li>2. Ongoing Clothing Inventories of Adequate Quantity and Quality</li> <li>3. Children Involved in the Selection of Their Clothing</li> <li>4. Provision of Sufficient Supply of Clean Towels Personal Care Items Meeting Ethnic Needs</li> <li>5. Minimum Weekly Monetary Allowances</li> <li>6. Management of Allowance/Earnings</li> <li>7. Encouragement/Assistance with a Life Book/Photo Album</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Improvement Needed</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> </ol>
X	<b><u>Discharged Children</u></b> (3 Elements) <ol style="list-style-type: none"> <li>1. Completed Discharge Summary</li> <li>2. Attempts to Stabilize Children's Placement</li> <li>3. Child Completed High School (if applicable)</li> </ol>	Full Compliance (All)

THE VILLAGE FAMILY SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE  
REVIEW  
PAGE 5

XI	<p><b><u>Personnel Records</u></b> (9 Elements)</p> <ol style="list-style-type: none"> <li>1. Criminal Clearances Federal Bureau of Investigation, California Department of Justice, and Child Abuse Central Index (FBI, DOJ, and CACI) Signed and Submitted Timely</li> <li>2. Timely, Completed, Signed Criminal Background Statement</li> <li>3. FFA Social Workers Met Education/Experience Requirements</li> <li>4. Timely Employee Health Screening/TB Clearances</li> <li>5. Valid CDL and Auto Insurance</li> <li>6. FFA Employees Signed Copies of FFA Policies and Procedures</li> <li>7. FFA Employees Completed All Required Training and Documentation Maintained</li> <li>8. FFA Social Workers Have Appropriate Caseload Ratio</li> <li>9. FFA Maintained Written Declarations for Part-Time Contracted FFA Social Workers Caseloads Not to Exceed a Total of 15 Children</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Improvement Needed</li> <li>8. Full Compliance</li> <li>9. Full Compliance</li> </ol>
----	---	---

**THE VILLAGE FAMILY SERVICES FOSTER FAMILY AGENCY  
CONTRACT COMPLIANCE REVIEW  
FISCAL YEAR 2014-2015**

**SCOPE OF REVIEW**

The following report is based on a "point in time" review. This compliance report addresses findings noted during the May 2015 review. The purpose of this review was to assess The Village Family Services Foster Family Agency's (the FFA's) compliance with its County contract and State regulations and included a review of the FFA's Program Statement as well as internal administrative policies and procedures. The compliance review covered the following 11 areas:

- Licensure/Contract Requirements,
- Certified Foster Homes,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social/Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, 12 placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed 10 of 12 children. Two children were too young to be interviewed. During the home visits, the children were observed to be comfortable and well cared for in the Certified Foster Homes (CFHs) and their Certified Foster Parents (CFPs) were observed to be attuned to the needs of the children. CAD reviewed all 12 case files to assess the care and services the children received. Additionally, four discharged children's files were reviewed to assess the FFA's compliance with permanency efforts. At the time of the review, four placed children selected for the sample were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five CFP files and five staff files for compliance with Title 22 Regulations and County contract requirements. Interviews were conducted with nine CFPs to assess the quality of care and supervision provided to the placed children.

**CONTRACTUAL COMPLIANCE**

CAD found the following eight areas out of compliance:

**Licensure and Contract Requirements**

- Special Incident Reports (SIRs) were not timely or cross-reported.

CAD reviewed 15 SIRs and found that two were not timely reported.



THE VILLAGE FAMILY SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW  
PAGE 2

An incident that occurred on April 19, 2015 was not submitted by the FFA into I-Track until April 22, 2015. On May 5, 2015, the FFA decertified the CFP for not immediately reporting the incident to the FFA.

Another SIR was for an incident that occurred on August 29, 2014 and was not reported until September 3, 2014, via the I-Track database. The FFA did not follow SIR cross-reporting guidelines.

During the exit conference, the FFA representatives stated that the FFA Social Workers and CFPs who did not follow the SIRs reporting guidelines received training. To prevent subsequent issues, the FFA will conduct refresher training for all CFPs and all FFA staff.

During a follow-up visit by CAD on September 23, 2015, it was verified that the FFA provided refresher training for CFPs and FFA staff on September 19, 2015, with a second session scheduled for October 1, 2015. For the CFPs who were not in attendance at either training session, the FFA Social Workers provided in-person trainings during their weekly home visits in the month of October 2015. On October 16, 2015, CAD received documentation of the completion of both training sessions.

- Community Care Licensing (CCL) citations.

CCL cited the FFA for violations noted during a visit on July 23, 2014. CCL requested a Plan of Correction (POC) from the FFA requiring training for the CFP on Title 22 Regulations and storage space for cleaning supplies and other household items. This incident did not require an investigation by DCFS Out-of-Home Care Investigations Section (OHCIS).

CCL cited the FFA on July 23, 2014, for a personal rights violation. CCL requested a POC that included retraining the CFPs on children's personal rights. The FFA submitted a POC to CCL, verifying training of the CFP and the regular babysitter on the children's personal rights. CCL cleared the POC on August 12, 2014. The DCFS Emergency Response (ER) CSW found the allegations were inconclusive and unfounded. OHCIS received two subsequent referrals on July 31, 2014 and September 5, 2014. The referral dated July 31, 2014, was unfounded and the referral dated September 5, 2015 was evaluated out.

CCL cited the FFA on August 14, 2014, as a result of a complaint received on May 8, 2014. CCL's citation was for health related services when a CFP did not provide the prescribed psychotropic medication to a child. The FFA immediately removed the child due to this allegation and the CFP was involuntarily decertified on October 20, 2014. The DCFS ER CSW's investigation for general neglect was inconclusive. OHCIS found this CFP was not adequately trained to provide care and supervision for a child who is prescribed psychotropic medication and placed this CFH on an Indefinite Hold on October 20, 2014 and it will not be used as a placement resource for DCFS placed children.

## THE VILLAGE FAMILY SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW

### PAGE 3

On April 23, 2015, CCL cited the FFA during a case management visit for not reporting one CFP's arrest and suspension of his driver's license. The FFA submitted a POC to CCL and trained the CFPs on the importance of reporting all incidents to the FFA in a timely manner. This incident did not result in a DCFS investigation.

During a follow-up visit conducted by CAD on September 23, 2015, CAD verified that the FFA conducted refresher training for all CFPs and the FFA staff on September 19, 2015, with a second session scheduled on October 1, 2015. For the CFPs who were not in attendance at either session, the FFA social workers provided in-person trainings during their weekly home visits in the month of October 2015. On October 16, 2015, CAD received proof of all trainings conducted.

### **Recommendations:**

The FFA's management shall ensure that:

1. All SIRs are timely submitted.
2. The FFA is in full compliance with Title 22 Regulations and free from CCL citations.

### **Certified Foster Homes**

- Required annual training for CFPs was not completed.

The FFA did not have proof of required annual training completion for one CFP. Specifically, the CFP in CFH #5 completed only 6 of 15 required annual training hours in the past 12 months.

During the exit conference, the FFA representatives responded that ongoing re-certification training is available for CFPs on a quarterly basis. The FFA was not aware that both CFPs whose names are listed on the certificate are required to complete all necessary annual training hours. CAD was notified that the FFA discussed this matter with the CFP and the CFP chose to remove his name from the Certificate of Approval. CAD received a copy of the updated certificate.

On September 23, 2015, CAD conducted a follow-up visit and verified that the FFA tracks completion of the required annual training hours and reminds CFPs about the current balance of needed hours via telephone calls.

- A CFP did not transport a seven-year-old child in a booster car seat.

CFH #4 did not have a booster car seat for a seven-year-old child in the car at the time of the vehicle inspection. The booster seat was stored in a garage cabinet. During a personal interview with the child, she did not confirm that she was riding in a booster seat. On July 28, 2015, the FFA social worker counseled the CFP on the current California Child Restraint Law and instructed the CFP to keep the booster seat for the 7-year-old child in the car at all times. CAD received proof of the home visit and the training the CFP received. To prevent subsequent issues, the FFA CFPs were re-trained on

THE VILLAGE FAMILY SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW  
PAGE 4

California Child Restraint Law on September 19, 2015 and October 1, 2015, as well as individual trainings provided by the FFA social workers during their scheduled home visits in October 2015 for the CFPs who were not able to attend either session. On October 16, 2015, CAD received proof that all trainings were provided.

- The FFA did not maintain proof of health screening for other adults in a CFH.

One CFP's file did not contain proof of health screening for a former foster youth who is a frequent visitor and regularly stays overnight in the CFH.

During the exit conference, the FFA representatives responded that the FFA will acquire pertinent medical documentation from the CFP to ensure the medical examination is completed and the documentation is maintained in the CFP file. On August 18, 2015, CAD was notified that the physical examination was conducted on August 15, 2015 and proof was submitted to CAD. In addition, the FFA held two training sessions for the CFPs on September 19, 2015 and October 1, 2015, to address Title 22 safety regulations. For the CFPs who were not able to attend either session, the FFA social workers provided individual trainings during their scheduled home visits in the month of October 2015. On October 16, 2015, CAD received proof that all trainings were provided.

On September 23, 2015, CAD conducted a follow-up visit and reviewed three newly certified and two previously certified CFPs' files. All necessary clearances were maintained in all five files.

- The FFA did not assist CFPs in meeting transportation needs.

One CFP reported that on two occasions assistance with transportation was not provided.

During the exit conference, the FFA representatives responded that the FFA always provides support and assistance to the CFPs in resolving any issues. The assigned FFA social workers are available 24/7 via cell phone. If the assigned FFA social worker is not physically available to assist the CFP, the CFP may call the FFA hotline and ask for assistance. The FFA acknowledged that the reporting CFP may have not been aware of this procedure and stated that refresher training will be provided to all CFPs to ensure they know that assistance is available from the FFA. CAD was notified that the FFA provided training to staff members on July 22, 2015 and on August 12, 2015 along with documentation that the training was provided. In addition, "Foster Care On-Call Emergency Response Protocol" was a part of the training held by the FFA on September 19, 2015 and October 1, 2015. Individual trainings were provided by the FFA social workers during their scheduled home visits in October 2015 for CFPs who were not able to attend either session. On October 16, 2015, CAD received proof that the trainings were provided.

**Recommendations:**

The FFA's management shall ensure that:

3. CFPs complete annual training hours for re-certification.

4. The FFA maintains annual vehicle maintenance documentation for CFPs and designated drivers.
5. The FFA obtains a health screening for other adults in the home.
6. The FFA assists CFPs in providing transportation.

#### **Facility and Environment**

- Common areas were not well maintained.

CFH #1 did not maintain a comfortable room temperature. On the day of the inspection, the outside temperature was about 100° F. The windows in the home were open and the air conditioner was off even though it was in working condition. The CFPs were advised to immediately close the windows and to turn on the air conditioner. Further, there was no running hot water running in the faucets and the pressure for cold water was weak in all the bathrooms at the time of the inspection. One CFP stated she was not aware of the issue, which was immediately brought to the FFA social worker's attention who was present during the inspection. The second CFP admitted that he shut off the hot water and lowered the pressure of the cold water in order to conserve water. The hot water was turned back on and this normalized the pressure of the cold water while CAD was still in the home. Additionally, a shower used by the placed children had dirt on a grout line. On June 29, 2015, CAD received pictures showing that the shower was re-caulked.

CFH #3 had one non-operable smoke detector, as the smoke detector had no batteries. The CFP installed the batteries during the review and CAD verified that the smoke detector worked properly.

- Children's bedrooms were not well maintained.

CFH #1 had inadequate lighting in one of the children's bedroom. The CFP replaced a broken bulb during CAD's review. Another child's bedroom had broken window blinds and window screen. On June 29, 2015, CAD received pictures of the replaced window blinds and window screen.

- Sufficient and appropriate educational resources were not maintained.

CFH #1 did not maintain sufficient and appropriate educational resources. The home had only one board game and provided no computer or internet access to the placed children. On July 27, 2015, the FFA social worker re-trained the CFPs on this issue during a scheduled home visit. On August 12, 2015, CAD received verification that the training was provided.

- Monetary and clothing allowance logs were not maintained.

CFH #1 did not maintain clothing receipts for one month for three children and for two months for the other two children. Also, the CFP did not maintain accurate weekly allowance logs for all six placed children. There were crossed-out dates, whited-out dates and missing information on the logs. CAD reviewed weekly allowance logs for the twelve months preceding the review. According to the logs reviewed, two children did not timely receive their allowances on two different occasions. On July 27, 2015, the FFA social worker re-trained the CFPs on the requirements of maintaining

THE VILLAGE FAMILY SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW  
PAGE 6

accurate money and clothing allowance logs, which includes maintaining receipts as proof of clothing purchases.

CFH #3 did not maintain receipts for clothing purchases for 8 of 9 months of placement for one child and for 4 of 9 months for another child. The CFP provided receipts for two months, but no logs were found in the children's files. On July 29, 2015, the FFA Social Worker re-trained the CFPs on the requirements of maintaining money and clothing allowance logs, which includes maintaining receipts as a proof of clothing purchases.

CFH #4 had a discrepancy between the reported amount spent on clothing and the receipts attached to 4 of 12 clothing logs for one child; no receipts were attached to 9 of 12 logs for another child; a discrepancy between the reported log amount spent on clothing and attached log receipts; and some of the receipts attached had no dates or dates were cut-off on the receipts, making it difficult to determine when the purchase was made. On July 28, 2015, the FFA Social Worker re-trained the CFPs on requirements of maintaining monetary and clothing allowance logs. This included the requirement to maintain supporting documentation, receipts for clothing purchased.

CFH #5 did not have receipts attached to 3 of 12 logs. For at least three months, a child was given cash or a check for clothing, with no supporting documentation that clothing was purchased. On July 28, 2015 the FFA social worker re-trained the CFPs on the requirements of maintaining monetary and clothing allowance logs. This included the requirement to maintain supporting documentation, receipts for clothing purchased.

During the exit conference, the FFA representatives acknowledged that maintaining clothing allowance and monetary logs are a common issue and responded that the FFA social workers as well as CFPs will receive training on ensuring that pertinent logs are maintained. CAD was notified that the training for the FFA social workers was held on August 5, 2015 and received proof that the training was provided.

The FFA also held two training sessions for its CFPs on September 19, 2015 and October 1, 2015, as well as individual trainings provided by the FFA social workers during their scheduled home visits in October 2015 for the CFPs who were not able to attend either session. On October 16, 2015, CAD received proof that the training was provided.

During the exit conference, the FFA representatives also acknowledged multiple problems noted in CFH #1. The home was initially certified for six children and had six children placed at the time of review. The FFA informed CAD that shortly thereafter, the CFPs needed to take a short leave of absence which resulted in the FFA replacing all six children. The FFA decreased the capacity from six to three children during the annual re-certification of the home in September 2015.

On September 23, 2015, CAD conducted a follow-up visit and reviewed 12 children's files. CAD found that the clothing and weekly allowance logs were missing for one month for one child and for two months for two children. The logs that were maintained in the children's files contained receipts and documentation on the purchases made. The FFA verbalized its desire to continue implementing its

THE VILLAGE FAMILY SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW  
PAGE 7

newly developed protocols on maintaining money and clothing allowance logs in accordance with the contract.

**Recommendations:**

The FFA's management shall ensure that:

7. All common areas are well maintained.
8. Children's bedrooms are well maintained.
9. Sufficient and appropriate educational resources are maintained.
10. Money and clothing allowance logs are maintained.

**Maintenance of Required Documentation and Service Delivery**

- The FFA did not obtain or document efforts to obtain DCFS CSW's authorization to implement Needs and Services Plans (NSPs).

CAD reviewed 12 Initial NSPs and 45 quarterly reports. The DCFS CSWs signatures were missing on six initial NSPs and one quarterly report. The FFA Social Workers did not make the required attempts to obtain the DCFS CSW's signatures. Two Initial NSPs and five quarterly reports had late signatures and the documented attempts to obtain the authorization were not timely.

During the exit conference, the FFA representatives acknowledged that this deficiency is a repeat from last year's review. The FFA representatives stated that a new protocol for the FFA social workers will be developed to ensure that the FFA Social Workers obtains or documents efforts to obtain DCFS CSW's authorization to implement NSPs. CAD was notified on June 29, 2015 that the FFA Social Workers received training and signed an acknowledgement of a new protocol requirement that included making timely attempts and proper documentation of the attempts made. In addition, during the FFA staff training on July 29, 2015, DCFS Out-of-Home Care Management Division (OHCMD) provided NSP training to all FFA social workers, support staff, managers and the FFA Quality Assurance Department. On August 12, 2015, CAD received documentation that both trainings were conducted.

On September 23, 2015, CAD conducted a follow-up visit and reviewed six newly developed Initial NSPs and six quarterly reports. CAD noted that the reviewed NSPs had timely DCFS CSW signatures or properly documented attempts to obtain the signatures.

- Children were not progressing toward meeting their NSP goals.

CAD reviewed 12 children's files. Based on the FFA's reviewed documentation, 8 of 12 children were not progressing toward meeting their NSP goals, as evidenced by children's goals remaining the same for the past 12 months without modification or documented efforts.

THE VILLAGE FAMILY SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW  
PAGE 8

During the exit conference, the FFA representatives stated that the children were progressing or assisted in progressing towards their NSP goals; however, those facts may have not been properly documented. The FFA representatives acknowledged a possible documentation issue and responded that the FFA staff will receive training on how to properly document progress made by the children and to document the FFA's attempts to help the children succeed. CAD was notified that on July 29, 2015 OHCMD conducted training with an emphasis on documenting progress made by the children and efforts made by the FFA to assist children to make progress. On August 12, 2015, CAD received documentation of the July 29, 2015 training.

- The FFA Social Workers did not develop timely, comprehensive Initial NSPs.

CAD reviewed 12 Initial NSPs and determined that three were developed 11 days late. For all 12 Initial NSPs, the children's goals were not Specific, Measureable, Attainable, Relevant, or Time-bound (SMART).

- The FFA Social Workers did not develop timely, comprehensive quarterly reports.

CAD reviewed 45 quarterly reports and determined that three were developed late. In all 45 quarterly reports, the children's goals were not SMART.

During the exit conference, the FFA representatives stated the FFA will re-train staff on the development of the NSPs. On June 29, 2015, the FFA Social Workers were trained on timely NSP development. In addition, on July 29, 2015, the OHCMD provided training on developing SMART NSP goals to all FFA Social Workers, support staff, managers and the Quality Assurance Department. On August 12, 2015, CAD received documentation that both trainings were conducted.

On September 23, 2015, CAD conducted a follow-up visit and reviewed six newly developed Initial NSPs and six quarterly reports. CAD noted that one NSP was developed one month prior to its due date and another NSP was developed three days late. The majority of the goals developed were using the SMART guidelines. CAD reviewed NSP timeliness guidelines with the FFA representatives and the FFA expressed a desire to remain in compliance with the NSP guidelines by reinforcing its new protocols and conducting refresher training, if necessary.

- The FFA Social Worker did not conduct required visits.

CAD reviewed 12 children's files and noted that one FFA Social Worker was acting as an interpreter for the family therapy sessions between a placed child and the child's mother. The FFA Social Worker used therapy session time in lieu of required weekly visits with the child and did not document additional time spent with the child before or after the therapy sessions, or document that a separate visit was conducted. Therefore, the visitation requirement was not met for almost two months.

During the exit conference, the FFA representatives stated the FFA Social Worker must have spent additional time with the child, but did not properly document the one on one interaction with the child. On July 28, 2015, the FFA social worker received training on appropriately documenting all contacts with the child. On August 12, 2015, CAD received proof of the training conducted. In addition, all FFA

## THE VILLAGE FAMILY SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW

### PAGE 9

social workers were advised to notify the FFA management if a request to act as an interpreter for therapy sessions or similar requests come from the clients or DCFS CSWs. The FFA will make every effort to avoid such a situation and not utilize FFA Social Workers in such a capacity.

On September 23, 2015, CAD conducted a follow-up visit and verified that the FFA Social Worker no longer acts as an interpreter for the therapy sessions between the child and the child's mother. In addition, CAD reviewed 12 children's files and verified that the FFA Social Workers have conducted the required visits.

#### **Recommendations:**

The FFA's management shall ensure that:

11. FFA obtains or documents efforts to obtain the DCFS CSW's authorization to implement NSPs.
12. Children are progressing toward meeting their NSP goals.
13. FFA Social Workers develop timely, comprehensive Initial NSPs.
14. FFA Social Workers develop timely, comprehensive quarterly reports.
15. FFA Social Workers conduct required visits.

#### **Education and Workforce Readiness**

- Current children's report cards were not maintained.

The FFA did not maintain report cards for one child for the 2014-2015 school term. On July 22, 2015, the FFA staff was trained on obtaining and maintaining appropriate child records on file including report cards and progress reports. On August 12, 2015, CAD received proof that the training was conducted.

During a follow-up visit conducted by CAD on September 23, 2015, CAD was not able to verify if the FFA implemented the new protocol, as a new school term had just started.

#### **Recommendation:**

The FFA's management shall ensure that:

16. Current children's report cards are maintained.

#### **Health and Medical Needs**

- Follow-up medical examination was not conducted timely.

One child did not have a follow-up visit a month from the annual physical examination date as recommended by the Doctor. The same child was also referred to a dietician during the child's physical



THE VILLAGE FAMILY SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW  
PAGE 10

examination. The child was not taken to either appointment and no barriers were documented in the child's file.

During the exit conference, the FFA representatives stated the FFA will continue its efforts to ensure compliance in meeting children's medical needs.

On September 23, 2015, CAD conducted a follow-up visit and reviewed 12 children's files. CAD noted that all required follow-up medical appointments were conducted timely. In regard to the child who was referred to a dietician on October 15, 2015, CAD was notified that the child was assessed at the Olive View Medical Center and will start a 12-week food nutrition and fitness program at the clinic located at Olive View Medical Center in Sylmar, California.

- Initial dental examination was not conducted timely.

The Initial dental examination for one child was not completed on time. The child turned three-years-old a week from the date of placement. The Initial dental examination took place on the 45<sup>th</sup> day after the child's third birthday.

During the exit conference, the FFA representatives suggested there was a Medi-Cal issue; however, it was not documented in the child's file.

On September 23, 2015, CAD conducted a follow-up visit and reviewed 12 children's files. CAD found that all required Initial dental appointments were conducted timely.

- Follow-up dental examinations were not conducted timely.

During a regular dental examination, two children were referred to an orthodontist for further consultation. Both children's files did not contain information as to whether the appointments took place. The FFA representatives responded that orthodontia services might have been denied by Denti-Cal. CAD provided the FFA with current policies and procedures in regards to the orthodontic referrals. On October 16, 2015, CAD was notified that one child was seen by an orthodontist on October 8, 2015 and the other child was scheduled to see an orthodontist on October 16, 2015.

On September 23, 2015, CAD conducted a follow-up visit and reviewed 12 children's files. CAD found that one child required a follow-up appointment and whether or not the appointment took place was not documented in the child's file.

**Recommendations:**

The FFA's management shall ensure that:

17. Follow-up medical examinations are conducted timely.
18. Initial dental examinations are conducted timely.
19. Follow-up dental examinations are conducted timely.

### **Personal Needs/Survival and Economic Well-Being**

- Minimum weekly monetary allowance was not provided.

One child reported getting less money and one child reported getting more money than was documented by the CFP in a weekly allowance log in CFH #4. Both children reported that they do not sign weekly allowance logs. One child from CFH #1 disclosed that more than half of the weekly allowance was withheld by the CFP every week for a few weeks because the child broke one stair baluster.

During the exit conference, the FFA representatives acknowledged that the deficiency on weekly monetary allowance is a repeat from last year's review. The FFA responded that all CFPs will receive refresher training and all FFA social workers will be reminded to monitor monetary allowance during their home visits to ensure compliance. CAD was notified that the FFA social workers received training on August 5, 2015 and received documentation of the training provided.

On September 23, 2015, CAD conducted a follow-up visit and reviewed 12 children's files. CAD found that weekly allowance logs were missing from children's files for one month for one child and for two months for two children. CAD was not able to verify if the weekly allowance was provided for these children as required.

### **Recommendation:**

The FFA's management shall ensure that:

20. Minimum weekly monetary allowance is provided.

### **Personnel Records**

- Employees did not complete required training.

CAD reviewed five employee files. One file did not contain proof of completion of the initial crisis intervention training. Two files did not have the timely First Aid Certification renewals; one was two months late and the other was four months late.

During the exit conference, the FFA representatives acknowledged that despite reminders sent by the FFA's Human Resources via e-mail to its employees, not all of its employees renewed their certification on time. The FFA representatives agreed to develop a better system to ensure their employees timely renew their First-Aid Certifications. On September 23, 2015, CAD conducted a follow-up visit and found that the FFA has implemented a new electronic system that provides staff with a 30-day notice of any required trainings or certifications approaching the renewal date. The FFA supervisors are now responsible for monitoring employee's compliance with this requirement. The reports are sent by the FFA's Human Resources Department monthly.

**Recommendation:**

The FFA's management shall ensure that:

- 21. Employees complete required training and documentation is maintained.

**PRIOR YEAR FOLLOW-UP FROM DCFS CAD'S FFA CONTRACT COMPLIANCE REVIEW**

The CAD's last compliance report dated July 13, 2015, identified five recommendations.

**Results:**

Based on the results of this review, the FFA fully implemented 2 of 5 previous recommendations in which they were to ensure that:

- All age-appropriate children are involved in the selection of their clothing.
- All children are encouraged and assisted with the development of a Life Book/Photo Album.

The FFA did not implement 3 of 5 recommendations to ensure that:

- The FFA complies with Title 22 Regulations and is free of CCL citations.
- The FFA Social Workers obtain or document efforts to obtain DCFS CSW's authorization to implement NSPs.
- All children are provided with minimum monetary allowances.

**Recommendation:**

- 22. The outstanding recommendations from the report dated July 13, 2015, noted in this report as recommendation numbers 2, 11 and 20 are fully implemented.

At the exit conference, the FFA representatives expressed their desire to remain in compliance with all Title 22 Regulations and contract requirements. The FFA representatives stated that the FFA will implement procedures to strive towards greater compliance.

CAD conducted follow-up visits on September 23, 2015 and September 24, 2015. The FFA had implemented 17 of 21 recommendations noted in this report. The FFA had not fully implemented procedures on maintaining monetary allowance logs and tracking measures to ensure that follow-up dental appointments are conducted. The FFA has partially implemented procedures on developing timely Initial NSPs. The FFA was advised to fully implement newly developed policies and procedures to ensure that the FFA is in compliance with Title 22 Regulations and contract requirements. CAD will continue to assess implementation of the recommendations during the next review. The OHCMD will provide ongoing support and technical assistance prior to the next review.



July 27, 2015

August 5, 2015 – 1<sup>st</sup> Revision

August 12, 2015 – 2<sup>nd</sup> Revision

County of Los Angeles Dept. of Children & Family Services  
Contract Compliance Section  
3530 Wilshire Blvd., 4th Floor  
Los Angeles, CA 90010  
Attn: Viktoria Penchuk

Dear Ms. Penchuk,

The Village Family Services is submitting the following corrective action plan for the findings of the May 2014-May 2015 monitoring review. The FFA director will be responsible for ensuring that the CAP will be fully implemented. All changes will take effect immediately or after training was provided to staff and/or foster parents. This CAP will include the following to each deficiency:

- Relevant time frames as needed
- The steps taken to prevent subsequent issues
- Title of the person responsible for the corrections

**I. LICENSURE/CONTRACT REQUIREMENTS**

**Question 2: Are Special Incident Reports (SIRs) appropriately documented and cross-reported? (SAFETY)**

**Deficiency:** SIR #408342 (DOI: 04/19/2015; DOR: 4/22/2015). CFP did not report the incident (domestic violence) to the FFA timely. SIR 381021 (DOI: 08/29/2014; DOR: 9/03/2014). The incident (runaway) was not reported timely via ITrack system.

**Response:** In regards to SIR # 408342, the foster parent was decertified on 5/5/15 following a domestic violence incident that occurred in the home and the foster parent failed to report the incident to the agency. (See proof of decertification letter attached as Exhibit 1). Regarding SIR # 381021, the agency conducted a SIR training for staff that outlined timeliness and types of incidents to report (See proof of training and curriculum attached as Exhibit 2).

As an effort to prevent subsequent issues, the agency will review the importance of reporting all incidents to the agency during the next recertification training, which is scheduled for

6736 Laurel Canyon Blvd. Suite 200 North Hollywood, CA 91606  
PH: (818) 755-8786 / FAX: (818) 755-8789  
Email: [villagefs@thevillagefs.org](mailto:villagefs@thevillagefs.org)

September 19, 2015 for all foster parents. Such incidents to report include domestic violence. Proof of training will be provided once completed.

Upon being notified by foster parent, FCSW will complete a SIR to be reviewed by supervisor and submit to the appropriate agencies via iTrack within the SIR time guidelines.

**Question 4: Is the agency free of substantiated Community Care Licensing (CCL) complaints' reports on safety and physical plant deficiencies since the last review? (SAFETY)**

Deficiency: CCL cited the FFA on 07/23/2014 as a result of deficiencies noted during a scheduled visit (two bottles of Raid (anti-ants & roaches) were placed on the top of the kitchen counter with foods). On 08/14/2015, CCL substantiated allegations of neglect by another FP who failed to give a placed child medication). On 07/23/2014, CCL substantiated previous inconclusive allegation on another FH (allegedly, the child was hit by a FP). On 04/23/2015, CCL cited the FFA for not reporting one FF's arrest and DL suspension. Further investigation is pending.

Response: Regarding the allegation dated 7/23/14, CCL found this allegation to be substantiated. Plan of Corrections (POC) included training for the foster parent on Title 22 regulations and safety surrounding cleaning supplies and other household items. This training was submitted to CCL (See training attached as Exhibit 3). The substantiated allegation dated 8/14/14 involved a foster parent not providing medication to the foster youth which resulted in the foster parent being decertified (see proof of decertification letter attached as Exhibit 4). In regards to the citation dated 7/23/14, CCL originally concluded this allegation as inconclusive but later changed the decision to substantiated and requested training for the foster parent. This training was conducted (see proof of training as Exhibit 5). In regards to the 4/23/15 citation from CCL, a POC was submitted after training was conducted with the Certified Foster Parent (See proof of training as Exhibit 6).

To prevent subsequent issues, the agency will review the importance of reporting all subsequent arrests, convictions, and/or probation status, Title 22 regulations, and Personal Rights to the agency during the next recertification training, which is scheduled for September 19, 2015 for all foster parents. Proof of training will be submitted once completed.

FCSW to assure Title 22 regulations in regards to children's bedrooms being well maintained are in compliance during quarterly home inspections.

**II. CERTIFIED FOSTER HOMES**

**Question 16: Have foster parents completed the required additional annual training of 12 hours during the first year and 15 hours every year thereafter, as well as CPR, First-Aid and Water Safety certificates (if applicable)? (SAFETY)**

Deficiency: Home #5: the CFF has completed only 6 hours within the last 12 months.

**Response:** Home #5- The CFF only completed 6 hours of training during the last 12 months. As an effort to prevent subsequent issues the agency has discussed this matter with CFF and agreed to remove him from certificate of approval moving forward (see certificate of approval attached as Exhibit 7).

On-going recertification training is available on a quarterly basis for foster parents. Recruiting counselors to complete quarterly internal checks by running electronic system reports to check for training hours completed by foster parent to assure annual compliance. Recruiting counselors will remind foster parents via telephone call.

**Question 17: Do the certified foster parents and/or designated drivers have a valid California's driver license, auto insurance, annual documentation of vehicle maintenance, and if applicable, car seat(s)?**

**Deficiency:** Home #4: The FPs have a booster seat for a 7 year old child. During a vehicle inspection, the booster seat was not in a car and was stored in a garage cabinet. The child did not confirm that she is riding in a booster seat.

**Response:** Home #4-On 7/28/15, during a home visit, foster mother was instructed by FCSW to keep the booster seat for the 7 year old minor in the car at all times. (See attached home visit note as new Exhibit 17). Per California Child Restraint Law in effect on January 1, 2012 children under age 8 must be properly buckled into a car seat or booster in the back seat. Children age 8 or older, or who are 4'9" or taller, may use the vehicle seat belt if it fits properly with the lap belt low on the hips, touching the upper thighs, and the shoulder belt crossing the center of the chest. If children are not tall enough for proper belt fit, they must ride in a booster or car seat. FCSW has provided copy of California Child Restraint Law pertaining to booster seat to foster parent.

As an effort to prevent subsequent issues, this regulation will be reviewed with all foster parents at the next recertification training on September 19, 2015. Handout on California Child Restraint Law will be provided to all foster parents at time of training. Proof of training will be submitted once completed.

FCSWs will check for Title 22 regulations during quarterly home inspections to assure compliance with California Child Restraint Law.

**Question 18: Does the certified foster parent's file include all of the necessary information (criminal clearances, CDL, auto insurances, etc.) for additional adults who reside in the home (adult children or foster parents, other family members) and baby-sitters who care for the child on a regular basis or for periods exceeding 24 hours? (SAFETY)**

**Deficiency:** Home #5: Former foster youth is a frequent visitor and spends overnights occasionally (she has a designated bedroom) and is missing medical exam form.

**Response:** Home #5- Former foster youth who has cancer has returned to the foster home where foster parent is caring for her. Foster youth has scheduled a medical exam for 08/15/15 (see proof of medical exam as exhibit 8).

FCSW's to review with foster parents frequent visitor policies during home inspections. Foster parents to report to FCSW any frequent or temporarily visitors to the foster home during home visits.

**Question 19: Does the FFA assist the certified foster parent in provide children's transportation needs? (i.e. visitation, counselling, school, YDS, Medical/dental work, religious services, ETC. (PERMANCY)**

**Deficiency:** One foster parent reported that she has not received assistance when needed in transporting placed children on two occasions.

**Response:** The agency staff members were retrained on July 22, 2015 on providing support and transportation when needed (See proof of training and agenda attached as Exhibit 9).

In addition, protocol of steps when requesting assistance will be reviewed during the next recertification training, which is scheduled for September 19, 2015 for all foster parents. Handout will be provided to all foster parents during training (see attached as Exhibit 18).

Protocol will include the chain of assistance when FCSW is not available to provide assistance. Foster Care on-Call Emergency Response Protocol handout with alternative Admin Staff and after hours phone numbers listed will be provided to all foster parents during next recertification training scheduled for September 19, 2015. Proof of training will be submitted once completed.

### **III. FACILITY AND ENVIRONMENT**

**Question 21: Are common areas/interior well maintained? (Clean/sanitary; neat; adequate lighting; home-like environment, no safety hazards) (SAFETY)**

**Deficiency:** Home #1: During the inspection, the room temperature was not at a comfortable level. The home has a working air conditioner, but it was not turned on. The faucets in all the bathrooms had no hot water (turned off) and the pressure of the cold water was weak. The showers worked properly (hot and cold water). The FF reported that the water was turned off by the FF for the purpose of water conservation. The FPs were consulted by the FFA SW about possible ways to save water besides turning it off. The FF turned on the hot water and pressure of the cold water normalized. Also, a shower base had dirt on a grout line in Master Bedroom, required re-calk. The shower is used by the foster children. Home #3: Smoke detector had no batteries and was not operable. Batteries were installed during the inspections.

**Response:** In regards to home #1, all items were corrected at time of inspection. In regard to home #3, item was corrected at time of inspection.

To prevent subsequent issues, the agency will review Title 22 regulations (Safety) during recertification training, which is scheduled for September 19, 2015 for all foster parents. Proof of training will be submitted once completed.

FCSWs will ensure all Title 22 regulations are in compliance during quarterly home inspections. Foster care supervisors to conduct home inspections during annual home assessments.

6736 Laurel Canyon Blvd. Suite 200 North Hollywood, CA 91606  
PH: (818) 755-8786 / FAX: (818) 755-8789  
Email: [villagefs@thevillagefs.org](mailto:villagefs@thevillagefs.org)

**Question 22: Are children's bedrooms well maintained? (Clean/sanitary; neat; comfortable; adequate lighting, window coverings, and storage space; beds, mattresses, furniture, flooring; full complement of clean linens on beds, age-appropriate, readily available to children, and in good repair? (SELF-SUFFICIENCY)**

Deficiency: Home #1: Window screen in one children's bedroom was broken. Blinds (same bedroom) broken (fallen). Inadequate lighting (not working bulb on a ceiling fan; fixed during the inspection).

Response: In regards to home #1, working bulbs were corrected at time of inspection. Blinds and window screens were later corrected and pictures were sent to the reviewer on June 29, 2015.

On 8/5/15, FCSWs received training on conducting home inspections (see attached proof as Exhibit 19). Training on Title 22 regulations for foster parents is scheduled for September 19, 2015. Proof of training will be submitted once completed.

During quarterly home inspections FCSWs are responsible for ensuring Title 22 regulations are followed in regards to children's bedrooms being well maintained.

**Question 23: Does the certified foster home maintain sufficient and an appropriate selection of (quantity and quality) reading materials and educational resources and supplies, including computers, which are age-appropriate, readily available to children, and in good repair? (SELF-SUFFICIENCY)**

Deficiency: Home #1: Not enough recreational equipment (one board game-Bingo), no books; No computer/Internet access.

Response: In regards to home 1#: On 7/27/15 foster parent received training on providing a sufficient and appropriate selection of reading materials and supplies readily available to children (see proof of training attached as Exhibit 10).

FCSWs will ensure all Title 22 regulations are in compliance during quarterly home inspections. Foster care supervisors to conduct home inspections during annual home assessments to assure Title 22 compliance.

**Question 26: Are appropriate and comprehensive monetary and clothing allowance logs maintained? (WELL-BEING)**

Deficiency: Home #1: No clothing receipts attached for three children for one month; no receipts/logs for two months for two children. Monetary logs; very confusing records for three children for one month, for another three children for four months (crossed out dates, white out dates, etc). Per logs reviewed, two children were not given allowance on two different occasions (missed dates). Home #3 No receipts for clothing purchases for 8 months (of 9 months in placement) for one child and for 4 months (of 9 months) for the other child. The receipts were provided by the FP for the other two months, but no logs were found in the child's



files. Home #4: Four clothing logs (of 12) for one child had discrepancy between reported on the log amount and receipts attached to the logs. Nine of 12 logs for another child, had discrepancy between reported in the log amount and receipts attached, no receipts attached or no dates on the receipts attached (cut off dates). Home #5: For one child, there were not receipts attached to the logs for 3 months (within past 12 months). For at least three months, the child was given cash/check, no proof of clothing purchases were attached.

Response: In regards to home #1, home #3, home #4 and home # 5, although all minors confirmed, and documentation supported that clothing was purchased, allowance was received, and clothing inventory documented a sufficient amount of clothing but foster mother lost receipts at times.

As a result, the FFA trained foster parents on providing adequate receipts when purchasing clothing for youth. Home #1 received training on 7/27/15, home #3 received training on 7/29/15, home #4 received training on 7/28/15 and home #5 received training on 7/28/15 (see proof of trainings as Exhibits 10, 11, 12, 13).

As an effort to prevent subsequent issues, training on appropriate and comprehensive monetary and clothing allowance will be reviewed for all TVFS foster parents on September 19, 2015 (Proof will be submitted to the contract monitor upon completion). On 8/5/15, FCSWs and supervisors received training on comprehensive monetary and clothing allowance logs be maintained (see proof of training completed as Exhibit 19).

FCSWs to review and approve all comprehensive monthly reports when collected at completion of each month. FCSW to assure monthly reports are legible, clear and filled out completely. QA will complete a secondary check during file audit.

#### **IV. MAINTENANCE OF REQUIRED DOCUMENTAION AND SERVICE**

**Question 27: Did the FFA obtain or document efforts to obtain the County worker's authorization to implement the NSP? (WELL-BEING)**

Deficiency: Child 1 & 2: initial NSP (9/14/14) 3 attempts made, but not within required timeframe; Updated NSP (11/14/14) no documentation on 2<sup>nd</sup> and 3<sup>rd</sup> attempts. Child 6, 7 & 8: 3 NSPs (Initial and 2 Updated), late signatures and late attempts (no 3 attempts made or documented). Child 9: One updated NSP: late signature (one late attempt). Child 10: 2 updated NSPs (late signatures and late attempts, attempts were not properly documented). Child 11: Initial NSP (no signature, only 2 attempts made), one updated NSP (late signature, no proper documentation on attempts made). PLEASE NOTE: to use a latest version of the NSP template.

Response: On June 29, 2015, NSP protocol was reviewed with FCSWs pertaining to efforts in obtaining the County Worker's authorization to implement Initial and Updated NSP. Protocol includes for FCSW to be responsible for submitting attempts to CSW; attempts can be made via encrypted email and/or fax on separate days all within the 5 business days from due date. In addition, on June 29, 2015 the latest version of the NSP template was reviewed with FCSWs. Each FCSW signed acknowledgment of protocol requirements and guidelines emphasizing timeliness on obtaining county worker's authorization to implement the initial and updated NSP,

6736 Laurel Canyon Blvd. Suite 200 North Hollywood, CA 91606  
PH: (818) 755-8786 / FAX: (818) 755-8789  
Email: [villagefs@thevillagefs.org](mailto:villagefs@thevillagefs.org)

proper documentation of attempts made and timeliness on Initial and Updated NSP signatures (see proof of training as exhibit 20).

In addition, on July 29, 2015, during all FFA staff training, DCFS OHCMD provided training on NSPs to all FFA social workers; support staff, managers, and Quality Assurance (QA) department (see proof of training as Exhibit 14). Training topics included; timeliness of attempts to obtain the county worker's authorization to implement Initial and Updated NSP and proper documentation of attempts made to CSW.

**Question 29: Are the placed children progressing toward meeting the NSPs case goals (initial and updated)? (Review agency's documentation of their efforts) (WELL-BEING)**

Deficiency: Children # 1, 2, 4, 5, 6, 7, 11 and 12: Same goals (methods and reasons for modification) were copied and pasted without documenting progress for a reviewed period (12 months in most cases).

Response: On July 29, 2015 the FFA staff received training from DCFS OHCMD on specific areas to document progress on goals in the NSP (See proof of training and handouts attached as Exhibit 14). In addition, training included modifying goals on an on-going basis to track progress towards meeting goals.

FCSW's to track progress of goals by documenting all efforts in achieving developed goals. All CFTs, school meetings, emails to county social workers, telephone calls to providers will be documented on visit notes or updated NSP.

Agency supervisors to review progress of goals when reviewing NSP's and/or during individual supervision with FCSWs to provide guidance with tracking progress as deem necessary.

**Question 30: Did the FFA social worker develop timely, comprehensive, initial (NSPs) with the participation of the developmentally age-appropriate child? (WELL-BEING)**

Deficiency: Timeliness: Initial NSPs for Child(ren) 6,7, & 8 were developed 11 days late. Comprehensiveness: the majority of developed goals were not within SMART guidelines (at least one goal for each child). Child(ren) participation:

Response: On June 29, 2015, NSP protocol was reviewed with FCSWs when meeting timeliness and comprehension of Initial NSPs. Protocol included submitting Initial NSP to supervisor 5 business days prior to due date for review. Should initial NSP require any correction, a 24-48hrs time frame applies for supervisor when re-submitting corrections (see proof of training as exhibit 20).

On July 29, 2015 DCFS OHCMD trained agency staff on ways to improve timeliness and comprehensiveness of initial NSP. During training DCFS OHCMD reviewed process for writing smart goals to all FCSWs and a handout provided as a reference/guide to writing smart goals (see proof of training as Exhibit 14).

**Question 31: Did the FFA social worker develop timely, comprehensive, updated (NSPs) with the participation of the developmentally age-appropriate child? (WELL-BEING)**

Deficiency: Timeliness: Initial NSPs for Child(ren) 6, 7, & 8 were developed/signed by the agency 11, 12 and 19 days after the due date: Comprehensiveness: the majority of developed goals were not within SMART guidelines (at least one goal for each child).

Response: On June 29, 2015, NSP protocol was reviewed with FCSWs when meeting timeliness and comprehension of updated NSPs. Protocol included submitting updated NSP to supervisor 5 business days prior to due date for review within smart goal requirements. Should updated NSP require any correction, a 24-48hrs time frame applies for supervisor when re-submitting corrections. Each FCSW signed acknowledgment of protocol requirements and guidelines emphasizing timeliness of reports (see proof of training as exhibit 20).

On July 29, 2015 DCFS OHCMD trained agency staff on ways to improve timeliness, comprehensiveness of updated NSP (see proof of training attached as Exhibit 14).

**Question 36: Do FFA social workers conduct required visits with placed children in accordance with the contract? (SAFETY)**

Deficiency: Child 11: The FFA SW acts as an interpreter for the family therapy sessions for the child and her mother. FFA SW uses the therapy time as SW's visits. No additional notes that document additional or other time spent with the child to fulfill visitation requirement for almost 2 months. The FFA SW's visits needs to be clearly documented and separated from notes in which FFA SW acts as an interpreter for the therapy sessions.

Response: Due to limited services in the area where foster family resides, DCFS social worker requested that FCSW help with translation. Although the FCSW met with the child in private after each session to conduct regular home visits, this was not properly documented therefore FCSW was trained on July 28, 2015 regarding the providing the appropriate documentation including detailing all contact notes and notifying management when such a request is made by the county so alternative solutions can be explored (see proof of training attached as Exhibit 15).

FCSW will report to supervisor request for appropriate assistance. All efforts to be made to avoid these situations.

## **V. EDUCATION AND WORKFORCE READINESS**

**Question 39: Are current copies of the children's report cards or progress reports maintained? (WELL-BEING)**

Deficiency: Child 10: no educational records/report cards for 2014-2015 school year in child's file at the time of the review.

Response: On July 22, 2015, agency staff was trained on maintaining appropriate child records on file including report cards or progress reports (see proof of training attached as Exhibit 9).

6736 Laurel Canyon Blvd. Suite 200 North Hollywood, CA 91606

PH: (818) 755-8786 / FAX: (818) 755-8789

Email: [villagefs@thevillagefs.org](mailto:villagefs@thevillagefs.org)

During submission of quarterly NSPs, FCSW will review current educational grades and will assure most current report card is on file (all efforts will be documented as some school are fully electronic and do not provide hard copies). QA will complete a secondary check once received for client file.

## **VI. HEALTH AND MEDICAL NEEDS**

### **Question 43: Are required follow-up medical examinations conducted timely? (WELL-BEING)**

Deficiency: Child 6: During annual examination while at the previous placement, a follow up visit in a month was recommended. Also, a recommendation for the child to see a dietician was made. No documentation in the file on both appointments.

Response: The FCSW received training on July 28, 2015 regarding ensuring all follow up appointments are conducted and if issues occur with Medi-cal or other issues preventing the service to the child, the FCSW will notify the CSW to assist with additional resources (see proof of training attached as Exhibit 16). In addition, FFA staff members were retrained on the importance of timely medical exams on 7/29/15 and the option for the agency to pay for the exam(s) if issues with Medi-cal continue to ensure compliance (see proof of training attached as Exhibit 14).

QA department will check and ensure all medical exam forms are screened during data entry to ensure follow up appointments are scheduled or efforts to do so are document in the youth's chart.

Training has been scheduled for September 19, 2015 for all foster parents on required medical exam follow-ups to be conducted in a timely manner. Proof of training will be provided once completed.

### **Question 44: Are initial dental examinations conducted timely? (WELL-BEING)**

Deficiency: Child 1: Dental examination was conducted on 11/4/14 (8 weeks after placement and 6 weeks/45 days after child turned three). Per FFA documentation, there was an issue with MediCal. However, review of medical records revealed that the child had medical examination on 09/3/2014 (on time, within 2 weeks of placement). No issues with medical were noted at that time.

Response: FFA staff members were retrained on the importance of timely dental exams on 7/29/15 and the option for the agency to pay for the exam(s) if issues with Medi-cal continue to ensure compliance (see proof of training attached as Exhibit 14).

Training is scheduled for September 19, 2015 for all foster parents on initial dental examinations conducted timely. QA department will provide monthly reports to FCSWs with upcoming dentals due.

**Question 45: Are required follow-up dental examinations conducted timely? (WELL-BEING)**

**Deficiency:** Children: 6 & 7: at the annual check –up a consultation by orthodontist was recommended. No follow up documentation in children's files.

**Response:** On July 28, 2015, the FCSW received training on ensuring all follow up dental appointments are conducted and if issues occur with Medi-cal or there are other issues preventing the service to the child, the FCSW will notify the CSW to assist with additional resources (see proof of training attached as Exhibit 16). In addition, FFA staff members were retrained on the importance of timely follow up dental exams on 7/29/15 and the option for the agency to pay for the exam(s) if issues with Medi-cal continue to ensure compliance (see proof of training attached as Exhibit 14). QA department will check and ensure all follow up dental exam forms are screened during data entry to ensure follow up appointments are scheduled or efforts to do so are noted in the youth's chart.

Training has been scheduled for September 19, 2015 for all foster parents on follow up dental examinations conducted timely. Proof of training will be provided once completed.

**IX. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING**

**Question 62: Are children always provided with weekly monetary allowances? (If after November 1, 2012, minimum base allowance per contract) (SELF-SUFFICIENCY)**

**Deficiency:** Despite of foster parents maintaining weekly allowance logs, during children's interview, one child (Home #4) reported getting less money than it is being logged by the FP in the weekly allowance log. For another child in the same home, there was a discrepancy between amount documented in weekly allowance log and the amount reported by the child (greater). Both children report that they do not sign weekly allowance logs. On child from another home (home #1) disclosed that more than a half of the weekly allowance is being withheld every week for a few weeks for on e stair baluster the child broke.

**Response:** Although monthly allowance reports were collected by FCSW at the end of each month and were verified by the youth in the home, some reports were found to be incomplete or missing information. To ensure monetary allowances meet agency contract guidelines, at the end of each month FCSWs will review monetary requirements with foster parent for compliance. QA will complete a secondary check once received for client file.

On 8/5/15, training was completed with FCSW's in regards to weekly monetary allowance per contract requirements (see proof of training as Exhibit 19).

**XI. PERSONNEL RECORDS**

**Question 74: Have appropriate employees received the all required training (initial training, minimum of one-hour training in the area of child abuse identification and reporting, CPR, First-Aid, and on-going training)? (SAFETY)**

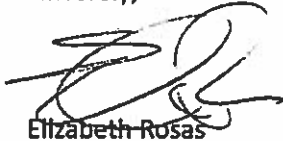
6736 Laurel Canyon Blvd. Suite 200 North Hollywood, CA 91606  
PH: (818) 755-8786 / FAX: (818) 755-8789  
Email: [villagefs@thevillagefs.org](mailto:villagefs@thevillagefs.org)

Deficiency: Employee #3: No documentation on initial crisis training upon hire. Employee #4: Gap in CPR certification. Previous certificate expired in 12/20/2015. New training attended in February, 2015. Employee #5: Gap in CPR certification. Previous certificate expired on 01/12/2015. New training attended on 05/18/2015.

Response: All FFA staff members were retrained on the importance of maintaining documentation for training on July 29, 2015 (see proof of training and agenda attached as Exhibit 14). An electronic system has been implemented to provide staff with a 30 day notice of any required trainings or certifications approaching the renewal date. Supervisors will monitor these electronic reports on a monthly basis to ensure compliance is maintained. Human Resources department will send reports to employee, contractors, and supervisors on a monthly basis.

I thank you for your professionalism and appreciate your quality improvement feedback. Should you have any questions, please do not hesitate to contact me.

Sincerely,



Elizabeth Rosas  
Assistant Director of Foster Care  
The Village Family Services  
(323) 277-4759 Ext. 1215  
[erosas@thevillagefs.org](mailto:erosas@thevillagefs.org)